

The significant differences were come up in some clinical features between the two groups. The alcohol and substance abuse were higher in AP group. The severity of psychotic and manic symptoms were higher in AP group. The hospitalization was higher in AP group. The number of stressor events was higher and PTSD symptoms was more severe in the AP group also.

**Conclusions:** The effects of Covid-19 pandemic seems have a triggering role in onset of first episode BD. This effect whether cause biological or psychological stress in onset of illness is not known yet. The casual phenomenon of Covid-19 pandemic should be investigated for chronic psychiatric illness as BD in future studies.

**Disclosure of Interest:** None Declared

## EPV0134

### LAMOTRIGINE INDUCED LEUCOPENIA IN A PATIENT WITH TYPE 2 BIPOLAR DISEASE

S. VATANSEVER<sup>1\*</sup>, N. USTA SAGLAM<sup>2</sup> and E. BESTEPE<sup>1</sup>

<sup>1</sup>PYSCHIATRY, ERENKOY TRAINING AND RESEARCH HOSPITAL FOR PSYCHIATRY AND NEUROLOGICAL DISEASES HOSPITAL and <sup>2</sup>PYSCHIATRY, ISTANBUL UNIVERSITY CERRAHPASA, CERRAHPASA FACULTY OF MEDICINE, ISTANBUL, Türkiye

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1488

**Introduction:** Lamotrigine(LTG) is a widely used medication for bipolar disorder(BD) maintenance treatment, bipolar depression, epilepsy, trigeminal neuralgia.<sup>1</sup>The well-known common side effects of LTG are rash,fatigue, gastrointestinal symptoms,dizziness,headache,insomnia.<sup>2</sup>While one of the most refrained side effects of LTG is Steven Johnson's syndrome, there have been reports of blood dyscrasia,such as agranulocytosis, neutropenia, pancytopenia.<sup>3,4</sup>Unfortunately, the exact mechanism of the blood dyscrasias isn't fully explained.Here we report a case of LTG-induced leucopenia in a patient with BD type 2 patient.We obtained the patient's consent.

**Objectives:** We report a case of a 56-year-old female patient, brought to the emergency unit with complaints of feeling unhappy, hopeless, having trouble sleeping and suicidal thoughts for two months.She attempted suicide a few days ago,had multiple suicide attempts in the last two years.She had 3 psychiatric hospitalizations due to depressive episodes and 1 hypomanic episode.Her mood was depressed.She had psychomotor retardation,no psychotic feature.Due to active suicidal ideation,we admitted her to the inpatient unit with the diagnosis of BD type 2.

Routine blood tests were within the normal range.We increased quetiapine XR 300 mg and venlafaxine 300 mg,which she had already taken;discontinued her aripiprazole treatment and added LTG 25 mg/d. 8 after initiation of LTG,there was a decrease in white blood coun(WBC) from a baseline level of  $5.18 \times 10^9/L$  to  $3 \times 10^9/L$ ,while neutrophil count decreased from  $3.8 \times 10^9/L$  to  $1.15 \times 10^9/L$  in 12 days.Her medical records showed no sign of leucopenia.No pathology was detected in the peripheral smear or ultrasonography performed with the haematology consultation.Considering leucopenia might be an adverse drug reaction associated with LTG, we discontinued LTG treatment on the 9th day of administration.

9 days after discontinuation WBC was up to  $4.22 \times 10^9/L$ ,neutrophil count was  $2.78 \times 10^9/L$ . We started valproate 500 mg/d and on the 27th day of her stay, she was discharged with a euthymic mood, having no depressive symptoms or suicidal thoughts.Her last treatment was venlafaxine 225 mg, quetiapine XR 300 mg, quetiapine IR 100 mg, valproate 500 mg, lorazepam 1 mg daily.

**Methods:** It is a retrospective review.

**Results:** In this LTG naive patient,the WBC values were within the normal range at admission.There was a significant temporal relationship between the initiation of the LTG and the decrease in WBC values.The absence of other factors in the laboratory tests and examinations,the rapid increase of WBC levels after the LTG was discontinued suggests the observed effect may be a side effect of LTG.

**Conclusions:** Blood dyscrasies aren't a very common side effect of LTG, but it might be helpful to see CBC, especially in older populations, on patients with polypharmacy regimens and with severe mental illness that may interfere with patient's ability to express any subtle side effect.

**Disclosure of Interest:** None Declared

## EPV0135

### Predictors of psychosocial functioning in euthymic patients with bipolar disorder

S. Ajmi\*, O. Sana, S. Najeh, F. Rim, G. Imen, C. Nada, B. T. Jihen, Z. Lobna, M. Mohamed and M. B. Manel

<sup>1</sup>Psychiatry C Department, Hedi chaker University hospital, sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1489

**Introduction:** Functional impairment is a major target in the treatment of bipolar disorder (BD), but the magnitude and type of functional difficulties differ across patients.

**Objectives:** The aim of this study was to assess functioning and identify factors associated with global functioning in euthymic patients.

**Methods:** It was a descriptive cross-sectional study. The population study consisted of patients diagnosed with BD (DSM 5), who were euthymic and followed up at the psychiatry department of CHU Hedi Chaker.

The Hamilton Depression Scale (HAM-D), the Young Mania Rating Scale (YMRS) and the Functioning Assessment Short Test (FAST) were used to assess depressive, manic symptoms and the functional impairment in bipolar patients respectively. All statistical analyses were performed using the SPSS software package v 18.

**Results:** We collected 40 patients. They had an average age of 36 years and the sex ratio (M/F) was 1.

They had an educational level not exceeding primary studies in 46% of cases.

The average scores of HAM-D and YMRS were  $4.57 \pm 4.58$  and  $3.43 \pm 2.89$  respectively.

The average total functioning score of our patients was  $19.13 \pm 16.5$ . Functional impairment was noted in 60% of them. The domains most affected were: occupational activity (62%), cognitive functioning (63%) and autonomy (50%). Fonctional impairment was associated with residual depressive and manic symptoms ( $p=0.013$ )